"Seeing Red!": Why We need Menstruation Awareness in Mental Health Services

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This briefing is to raise awareness within mental health services of the issues linked to menstruation or what are commonly called Periods. For the purposes of readability here, we refer to *people who menstruate* as women. However to be precise this population consists of post-puberty cis-women and trans men, and it should be noted that for trans men, this is an area that is even less discussed and acknowledged than it is for cis-women.

Menstruation is a common experience, with the majority of women having Periods once a month. The average age for girls to begin menstruation in the UK is 11 years of age, although some may start having Periods from 8 or 9. Many women continue well into their 50s and it is unusual, but some post-menopausal women can also continue to have sporadic Periods and for some this can be a sign of a health problem - such as uterine cancer.

Periods generally last between 3-8 days, with the heaviest bleeding in the first 2 days. Most women lose between 5-12 teaspoons of blood during their Period, although some women bleed more heavily than this. Some women experience pain, tiredness, irritability and other symptoms of premenstrual syndrome (PMS) at this time. Approximately 50% of NHS service mental health service users will need to manage

their Period during an in-patient admission this is because an inpatient stay is an average of 33.4 days, if not longer in some settings (i.e. secure forensic settings)[1].[2]

However despite the everyday nature of this event, menstruation remains a taboo topic globally, with stigma and a lack access to menstrual hygiene products undermining the dignity, educational opportunities, health and overall social status of women and girls around the world. What is a particular concern here though, is that mental health services, who should be leading the way in promoting wellbeing and equality often mirror this picture rather than disrupting it.

The experience of irregular or unpredictable Periods (which may be side-effects of prescribed medication) can negatively impact an individual's daily activity and selfesteem (Essen et al, 2016 and Sveinsdóttir, 2018). Menstrual problems such as pain and cramps (dysmenorrhea) or heavy or prolonged bleeding (menorrhagia) can make menstruation for many particularly challenging and distressing especially when having to practically manage self-care, pain and discomfort in an unfamiliar in-patient surroundings, where ones autonomy may be compromised.

Furthermore the medication often prescribed for those with severe mental illness (such as antipsychotics) can have an impact the menstruation cycle by raising prolactin levels. Prolactin impacts on hormonal regulation by suppressing both progesterone and oestrogen. This manifests in complete loss of Periods (amenorrhoea), or light, irregular Periods (oligomenorrhoea), which can also worry patients who are not informed. It is vital that mental health nurses tackle the taboos, stigma and ignorance

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[1] Centre for Mental Health Briefing 52: Adult and older adult mental health services 2012-2016

An analysis of Mental Health NHS Benchmarking Network data for England and Wales
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[2] Centre for Mental Health Briefing 52: Adult and older adult mental health services 2012-2016

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that can surround Periods by taking a lead in talking about menstruation so that Service Users do not have to suffer in silence.

Discussion with mental health nurses and people who have used mental health services, as well as information gleaned from twitter feed conversations, suggest that mental health services can take action in the following areas.

1. **We need more open conversations about Periods**

More focus needs to be placed on talking to women who are using mental health services about their Periods and their perceived personal needs in this area. The twitter feed comments below highlight how isolating, distressing and humiliating the experience of having a Period as in-patient can be. This is on top of the stress of experiencing a mental health crisis and being admitted to a psychiatric ward and it is all completely unnecessary. The below twitter comments highlight the difficulties of speaking about Periods:

Twitter Feed D

"*Girl (late teens) on my ward asked for some towels, they gave her bath towels."*

Twitter Feed E

"Another time, I missed my only chance that week to see the psychiatrist as I flooded while waiting with other patients to be called in 1 by 1 for a ward round (we all had to wait till called). By the time I got back, the psych doc had left to 'teach me a lesson about punctuality'. "

Both patients were humiliated because they were misunderstood by staff, in that Twitter Feed D the Service User is given towels rather than a sanitary product and in Twitter Feed E the Service User is unable to voice her needs due to a health difficulty and is judged rather than supported. These accounts suggest a need for compassionate, frank discussions about Periods and an increased awareness from staff. It is an expectation that any mental health nurse should be able to conduct sensitive discussions, support health needs and give time and space to Service Users to articulate their personal needs, without being embarrassed or feeling shamed.

2. The need for more knowledge and awareness in this area

Mental Health Nurses need to have an awareness and understanding of the biopsychosocial needs of people menstruating, and safeguard their dignity and psychological wellbeing. The twitter feed below highlights the need to talk about Period concerns:

Twitter Feed F

"I told my GP and my psych that my Periods have almost disappeared on [psychiatric medicine]. The GP told me to ask the psychiatrist because he'd know more about psych meds. The psych just looked embarrassed, and said to ask the GP. Neither of them seemed to think it was remotely important."

Twitter feed F also highlights how the practitioner's embarrassment becomes a barrier to open therapeutic communication - indicating staff must be more knowledgeable and better prepared to talk about menstrual issues. Twitter feed G hints at more social complexity associated with the silence around this issue

Twitter Feed G

*"I'm kind of baffled on a practical level why this problem couldn't be solved easily. When I feel like that I usually conclude that the problem is cultural or political. Basic human dignity and bodily autonomy. How the f**k could any service manage to get this wrong?"*

It is certainly the case that there are social taboos around menstruation that have prevented the straightforward provision of safe, compassionate and practical care in this area in the past. It is in response to these limiting and harmful attitudes that #PeriodPride movement has emerged and International Menstrual Hygiene Day (the 28th May!) has been established as a global platform to encourage confidence and understanding in managing the natural process of having Periods. However it is clear that there is much more to be done.

3. The need to give patients discreet access to Sanitary Protection

Inpatient wards must offer discreet access to sanitary protection and clean underwear/clothes. The below comments demonstrate a need for dignified access to sanitary products and clean clothes. It is not acceptable that people in the care of mental health services have to encounter the degrading experiences described below:

Twitter feed A

"I got given pads in hospital. Massive, horrible 'mattresses'. A kind nurse went and raided her own stash to give me something 'normal'. Meant so much but shouldn't have had to happen, really."

The action of this nurse was compassionate but it is not right that Service Users should be placed in a position to ask for something which should be issued as a normal, health expectation.

Twitter Feed B

"I was that person in the bath towel. I flooded on ward & blood soaked through my only clothes (PJS) but staff wouldn't give me anything else so I had to rinse my PJS & wait for them to dry & meantime wrapped a towel around my lower half. Had to wear it on ward for several hours."

It must also be noted that around a third of admissions to mental health units are under the Mental Health Act and women may not have the money or resources to obtain sanitary (or other toiletries for the first few hours or days of that admission). As indicated by the below twitter feed comment below.

Twitter Feed C

"*The only sanitary protection available on ward (bearing in mind we were detained) were these thin stick-on towels - the sort of thing you might have used when you first started, before someone helped you out by showing you better options. They lasted about half an hour!"*

This account highlights range of personal needs experienced by women, for instance, heavy to light flow and also preferences for tampons or pads (as some women especially those who have gynaecological problems or who have been sexually abused may find using a tampon difficult).

Whilst recognising there is a resource issue in providing sanitary protection it is a normal and entirely expected need for half of the population. It would be shocking and unacceptable to ask Service Users to bring in or provide their own toilet paper due to resource issues, this failure of care is similarly problematic.

In Summary

The first principle of the NMC Code of Conduct (2015) is:

Treat people as individuals and uphold their dignity To achieve this, you must:

1.1 treat people with kindness, respect and compassion
1.2 make sure you deliver the fundamentals of care effectively

It is clear on hearing the accounts of people using mental health services that there is not a uniform or acceptable level of compassionate care and practical response to the needs of women and trans men who menstruate. Mental health nurses are well equipped and positioned to take a lead on speaking up about this issue and ensuring that the dignity, health and wellbeing of people we are employed to support are upheld. This may mean ensuring our knowledge is up to date and that we address any stigmatising attitudes we have internalised and acting conscientiously in terms of this area of practice.

References

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